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UTILITY PATENT APPLICATION TRANSMITTAL O (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	00684.003357.1	7 c
First Named Inventor or Application Identifier		49
MASATO TANAKA		17
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Express Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		a ADI	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. Fee Transmi (Submit an orig	ttal Form ginal, and a duplicate for fee p	rocessing)	7.	CD-ROM o	•	e, large table or Computer
2. Applicant cla See 37 CFR	ims small entity status. 1.27.		8.	_	and/or Amino Acid le, all necessary)	Sequence Submission
3. Specification	Total Pa	ages 52		a	Computer Readable	e Form (CRF)
4. X Drawing(s) (35 USC 113) Total SI aration Total Pa			b. Specific i ii	cation Sequence List CD-ROM or CD-R paper	
a. Ne	ewly executed (original or	conv)		c	Statements verifyin	g identity of above copies
""	my excouled (original or	оору)			MPANYING APPLIC	
i.[DELETION OF IN Signed Statement at inventor(s) named in 37 CFR 1.63(d)(2) a	h Box 17 completed) VENTOR(S) ttached deleting the prior application, and 1.33(b).	11.	37 CFR 3.7: (when ther English Tra Information Statement Preliminary Return Rec (Should be	Papers (cover sheet 3(b) Statement re is an assignee) anslation Documen in Disclosure (IDS)/PTO-1449 y Amendment ceipt Postcard (MP a specifically itemize copy of Priority Documents in the is claimed).	Power of Attorney t (if applicable) Copies of IDS Citations EP 503) ed)
			16.	Other:	oriority is claimed)	
47 1/ 00171111110	ABBUGATION / /	 				
Continuation		al Contin	uppiy the requi	(CIP) of prior	application No. 10	0/119,003; filed 4/10/02
considered a part of the d	DIVISIONAL APPS only: This closure of the accompanying tion has been inadvertently of	ng continuation or divis	ional application	and is hereby inco	n oath or declaration i	• •
		18. CORRES	SPONDENCE A	DDRESS		
X Customer Numb	er or Bar Code Label	(Insert Customer No.	05514 or Attach bar co	de label here)	or Corres	spondence address below
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City		State			Zip Code	
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	20-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	9-3 =	6	X \$ 84.00 =	\$504.00
	MULTIPLE DEPENDENT	\$			
				BASIC FEE (37 CFR 1.16(a))	\$750.00
			Total of	above Calculations =	\$1254.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	1.27, 1.28).	:
				TOTAL =	\$1254.00
a.	nall entity status A small er	ntity statement is enclose	d		
b. c. 20.	A small er A small er and desire Is no long X A check in the amo	ntity statement was filed in ed. er claimed. ount of \$ <u>1254.00</u> to cover	n the prior nonprovision	ed.	h status is still proper
b. c.	A small er A small er and desire Is no long X A check in the amo	ntity statement was filed in ed. er claimed.	n the prior nonprovision	ed.	h status is still proper

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	PETER SAXON (24,947)			
SIGNATURE	PelesJaxon			
DATE	August 28, 2003			